

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Pacific Life Insurance Company Political Action Committee

Full Name (Last, First, Middle Initial)

A. MR. ADRIAN S GRIGGS

Mailing Address 616 NARCISSUS AVE

City	State	Zip Code
CORONA DEL MAR	CA	92625-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

EVP & CHIEF FIN OFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

Transaction ID : PR103629611480

Amount of Each Receipt this Period

416.00

P/R Deduction (\$416.00 Monthly)

Full Name (Last, First, Middle Initial)

B. MR. HOWARD T HIRAKAWA

Mailing Address 23972 GOLDENEYE DR

City	State	Zip Code
LAGUNA NIGUEL	CA	92677-1332

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

SVP INVESTMENT ADVISOR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

Transaction ID : PR103631611480

Amount of Each Receipt this Period

250.00

P/R Deduction (\$250.00 Monthly)

Full Name (Last, First, Middle Initial)

C. MS. CAROL A JENSEN

Mailing Address 8554 202ND STREET SW

City	State	Zip Code
EDMONDS	WA	98026-6643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pacific Life

Occupation

VP M FINANCIAL DISTRIBUTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2016

Transaction ID : PR103632411480

Amount of Each Receipt this Period

300.00

P/R Deduction (\$300.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

966.00

TOTAL This Period (last page this line number only)..... ►